



13. Address where accounting records are maintained/can be examined in the State of Kansas:

Address same as # 12:

Street Number				Direction		Street Name																				Apt/Suite No			
City																				State		Zip + 4							

14. Company or in-house payroll contact:

[illegible]

E-Mail

Address same as # 12:

Street Number/PO Box				Direction		Street Name																								Apt/Suite No			
City										State		Zip + 4																					

15. Ownership identification - Owner, Corporate Officer, Member, Member/Manager, Partner (general & limited), etc. Use full LEGAL names. Do **NOT** use nicknames. Provide residence address of each owner, officer, partner, etc. Attach separate sheet(s) if additional space is needed.

Social Security Number			Title																						
First Name										MI	Last Name														
Street Number				Direction		Street Name										Apt/Suite No									
City															State		Zip + 4								

Social Security Number								Title																
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Street Number				Direction		Street Name														Apt/Suite No				
City														State		Zip + 4								

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First Name										MI	Last Name															
Street Number					Direction		Street Name													Apt/Suite No						
City															State		Zip + 4									

16. Record all **Kansas** wages paid by calendar quarter for the current and the prior calendar year.

Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
YYYY	Dollars and Cents	Dollars and Cents	Dollars and Cents	Dollars and Cents



K-CNS 010 INSTRUCTIONS

1. Place an X before the appropriate type of ownership of your business. If not listed, place an X in OTHER and explain the ownership.
- 2a. Place an X before your type of government agency: State, local (city, county, etc.) or Indian Tribe, and then place an X in the selected finance (payment) option.
- 2b. If you are a 501(c)(3) organization, place an X in the selected finance (payment) option and mark an X if you have received your approval letter from the IRS.
3. Indicate if you are a 501(c)(3) organization. If yes, you must complete questions 3a and 3b.
 - a. Place an X in the finance option.
 - b. Place an X in the yes box if you have received your IRS exemption letter. If no, please explain.
4. Indicate if you are a Professional Employment Organization (Employee Lease Organization) If yes, you must complete a K-CNS 015 for each client that you represent.
5. Describe your major service or product in Kansas (that portion producing the major income source).
6. Enter the first date you paid wages in Kansas.
7. List your nine-digit federal employer's identification number issued by the IRS (FEIN) used on your 940 and 941 reports.
8. Enter your legal business name (for example - ABC Inc., ABC, LLC, John Smith, Sole Proprietor, etc.).
9. Enter your business or trade name (doing business as name, Dark Corner #1, ABC Inc. d/b/a House Restaurant, etc.).
10. Enter your actual business telephone number, including the area code. Also list the main fax number.
11. Enter the business mailing address where correspondence from the agency is to be sent. List your street number or PO Box, the direction (N, S, NE, SW, etc.), the street name, any apartment or suite number, city, state and Zip + 4.
12. Indicate if your **Kansas** location is a storefront/physical location, a job/construction site or an employee's residence. Tell us the Kansas location's street number, direction of street address (N, S, NE, SW, etc.), the street name and apartment number or suite number, city, state, and Zip + 4.
13. Enter the Kansas location where your accounting records are maintained and can be examined by agency personnel. If the address information is the same as entered in item #12, place an X in the checkbox. Otherwise, enter the street number, direction of street address (N, S, NE, SW, etc.), the street name and apartment number or suite number, city, state and Zip + 4.
14. Indicate who is your company or in-house payroll contact person. If the address information is the same as entered in item #12, place an X in the checkbox. Otherwise, enter the street number or PO Box, direction of street address (N, S, NE, SW, etc.), the street name and apartment number or suite number, city, state and Zip + 4. Also list the main company e-mail address of the payroll contact person and a direct telephone number.
15. Enter the legal names of officers, members, member/managers, partners or owners of the business. Include Social Security numbers for each listing, title of the person (Corp. Pres., Mem/Mgr, Mem. Gen Ptr, Owner, etc.), Enter your street number or PO Box, the direction (N, S, NE, SW, etc.), the street name, any apartment or suite number, city, state and Zip + 4. If additional space is needed, attach an additional sheet.
16. Enter your **Kansas** wages, by calendar quarter, for the current calendar year and the prior calendar year.
17. Enter a number from 1 through 52 which indicates the number of weeks during the current or prior calendar year in which you had sufficient employees for at least 20 weeks. For purposes of this report, each week counted must include the Saturday. The weeks do not have to be consecutive. For general employment, you must have one or more employees each week; agriculture employment must have 10 or more employees each week; and 501(c)(3) employment is four or more employees in each week.
18. Are you operating a business that was once operated by someone else?
 - a. Enter the date when you purchased or acquired the business and whether you purchased all the business or what percent of the business.
 - b. Is the prior owner operating any other business in **Kansas** If yes, explain how the previous owner continues in operation.
 - c. Would you like to have the prior owner's unemployment tax rate and experience factors used to calculate your tax rate?
 - d. Enter the name of the prior owner and the **Kansas** UI account number, if known.
 - e. Enter the name of the prior business and a current telephone number of the prior owner, if known.
 - f. Enter the prior owner's current address, if known.
19. List each business location you have operated in **Kansas** for the last three years. If you have more than one, list each location separately.
20. Indicate if you are subject to FUTA, the Federal Unemployment Tax Act, for any other business for the current or prior year.
21. Indicate if you wish to elect to extend unemployment insurance coverage to your workers if a determination indicates that you are not required by statute to cover employees. You may also elect coverage for workers who are not defined by the statute as employees. (Election of coverage is for two calendar years.) If Yes, place an X before your choice of coverage. If No, place an X in the No box.
22. Indicate if your business is continuing to pay wages in **Kansas**.
23. Indicate which workers you believe are not employees. Explain in detail why you consider them to be something other than employees.
24. Indicate if you would like a further explanation from a KDOL staff member about any questions on this form.
25. Please sign the report, providing your title and the date.

YOU MUST COMPLETE ENTIRE FORM